



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

RECEIVED

OCT 14 2010

Reviewed by:
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

PROOF OF APPROPRIATION OF WATER

PERMIT NUMBER 53-30097	CHANGE APPROVAL NUMBER
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NAME OF PERMITTEE Carl A. Beach	CONTACT NAME (IF DIFFERENT)
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MAILING ADDRESS (STREET) 3617 S. Bates Rd.	(CITY)	(STATE)	(ZIP CODE) Spokane Valley Wa 99206
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PHONE NUMBER 509 924-1965	FAX NUMBER ()
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Cell 509 939-3225

SOURCE(S) OF WATER Pend Oreille River		LOCATION OF SOURCE(S)					
LIST ALL PURPOSES WATER IS USED FOR: Seasonal IRR, Domestic Supply, Fire Protection		NO. 30	$\frac{1}{4}$	$\frac{1}{4}$	SECTION 35	TOWNSHIP N 36 N	RANGE, (E/W)M 43 EWM
DATE WATER WAS COMPLETELY APPLIED TO BENEFICIAL USE	TIME OF YEAR WATER IS USED: <input checked="" type="checkbox"/> Continuous/Year round <input type="checkbox"/> Seasonal	IF SEASONALLY, LIST THE START AND END DATE Start: End:					
DESCRIBE HOW CONSTRUCTION AND DEVELOPMENT RELATED PROVISIONS (AS REQUIRED BY PERMIT) HAVE BEEN OR ARE TO BE MET (USE ADDITIONAL SHEET OF PAPER IF NECESSARY) System is installed and working.							

DESCRIPTION OF SPECIFIC AREA ON WHICH WATER IS BENEFICIALLY USED(USE ADDITIONAL SHEET OF PAPER IF NECESSARY) Lot 30 + 31 Block 1 River Edge Estates							
NO. 30 + 31	$\frac{1}{4}$	$\frac{1}{4}$	SECTION 35	TOWNSHIP N 36 N	RANGE, (E/W)M 43 EWM		

PHYSICAL WITHDRAWAL OR DIVERSION INFORMATION

Point of Diversion/Tax Parcel # **433635-52 9030 + 9031**
For Pump Designed Water System Information:

TYPE OF PUMP: ☒ Submersible ☐ Turbine ☐ Centrifugal ☐ Other

MAKE STAR	MODEL # 4H19A15305	SERIAL # FW184097	HORSEPOWER 1.5
MOTOR	BHP	SPEED	RPM 3600
<input checked="" type="checkbox"/> Water lubricated <input type="checkbox"/> Oil lubricated			
BOOSTER PUMP <input type="checkbox"/> Yes <input type="checkbox"/> No	BREAK HORSEPOWER NA	PRESSURE 40/60	OPEN DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No
PUMP DISCHARGE HEAD PRESSURE psi	DISCHARGE PIPE DIAMETER 1 1/4"		

For Ground Water Withdrawal (if more than one, please include attachment)

Ecology Unique Well Identification Number(s) _____ [Include a copy of the well log(s)]

PUMP SETTING (DEPTH)	STATIC WATER LEVEL feet below land surface	DYNAMIC (PUMPING) LEVEL feet below land surface
ACCESS PORT INSTALLED? <input type="checkbox"/> Yes	AIRLINE INSTALLED? <input type="checkbox"/> Yes	AIRLINE LENGTH Ft.

For Non-Pump Designed Water Systems

METHOD OF WATER DIVERSION	DESCRIPTION OF WORKS SCREEN MESH SIZE	METHOD OF CONTROL
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USE OF WATER FOR:

1. Irrigation (Please include map of all irrigated lands):

TYPE OF SYSTEM <u>Underground Pipe/Hoses.</u>	NUMBER OF SPRINKLERS OR EMITTERS <u>4</u>	SPRINKLER/EMITTER MAKE	MODEL & RATED DISCHARGE
SIZE NOZZLE/EMITTER OPENINGS	AVERAGE PRESSURE AT SPRINKLER/EMITTER HEADS	NUMBER OF ACRES DEVELOPED <u>2.25</u>	TYPE OF CROP(S) <u>Lawn/Garden.</u>

2. Municipal or Domestic Supply

NUMBER OF DOMESTIC UNITS CURRENTLY SERVED: <u>1</u>	NUMBER OF DOMESTIC UNITS TO BE SERVED <u>2</u>	POPULATION CURRENTLY SERVED <u>7</u>
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ALSO, provide the following information, if applicable:

- ☐ Department of Health public water system identification number.
- ☐ Map of the delivery system (provide copy if water system is done)
- ☐ Map of present service area and lots presently using water (Non-Municipal Users).
- ☐ If platted property, provide copy of the file plat map or file reference number Non-Municipal Users).
- ☐ Other incidental beneficial uses associated with the domestic supply (Non-Municipal Users).

3. Industrial or Commercial

TYPE OF INDUSTRY OR COMMERCIAL PROCESS <u>NA</u>

If a waste discharge permit is required for the facility, include a reference to the permit number _____

4. Other Use of Water (describe): _____

WATER USE AND *MEASUREMENT

IS A FLOW METER OR MEASURING DEVICE INSTALLED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION OF METER(S) OR MEASURING DEVICE(S) <u>Before Pressure TANK</u>		
MAKE <u>SR 2</u>	SERIAL NUMBER <u>64566925</u>	INSTALLATION DATE <u>June 2009</u>	INSTALLED BY: <u>Carl A. Beach</u>
METER READING <u>1776.531</u>	DATE <u>10/14/10</u>		

*Include copy of meter specifications

Cast ID 573881

Actual amount withdrawn or diverted from permanent system on an instantaneous and annual basis. Please include meter data or describe method used to estimate annual volume.

CUBIC FEET PER SECOND	ACRE FEET PER YEAR	GALLONS PER MINUTE	TOTAL GALLONS PER YEAR
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If the existing water use as indicated by meter data, etc., is less than you anticipate to be the full extent of the water right which you are reporting through submission of this form, please explain on a separate sheet.

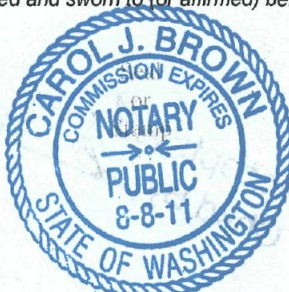
I, Carl A. Beach, do certify that I have completed appropriation of water under Water Right Permit or approved water right change number, 53-30097. This notice and attached documents are true and accurate statements and describe and support my assertion that I have satisfied the terms of the permit/change in compliance with the law.

Carla Beach
Permittee(s) Signature

10/14/10
Date

State of Washington
County of Spokane

Signed and sworn to (or affirmed) before me on 10/14/10 by Carl A. Beach



Carol J. Brown
(Signature)

Notary
(Title)

My appointment expires 8/8/11